



Discussion Paper

## **LESSONS ON RESILIENCE:**

The Experience of Ukrainian Communities  
Affected by HIV During Full-Scale War

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# 1. ACKNOWLEDGEMENTS

This discussion paper was developed by VirusOFF NGO, a regional media platform and community-led resource center founded in Ukraine in 2020. VirusOFF focuses on HIV advocacy, human rights, and digital engagement with key populations in Ukraine and across Eastern Europe and Central Asia (EECA), including LGBTIQ+ people, people who inject drugs, sex workers, people living with HIV and TB, migrants and refugees, and people in prison. The platform was created to combat stigma, discrimination, and misinformation through real-time media, advocacy, experience exchange and education. Since the start of Russian aggression and the full-scale war in 2022, VirusOFF has actively documented and amplified the voices, experiences, and contributions of key populations in Ukraine's humanitarian and public health response at the local, regional, and global levels. Rooted in the principles of respect for human rights, freedom of expression, gender equality, and diversity, VirusOFF works to strengthen civil society resilience through innovation, digital security, and organisational development—empowering a more just and equitable response in Ukraine and the wider EECA region.

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in HIV, harm reduction, and community mobilization. Shona has spent more than 25 years supporting community-led advocacy across the EECA region and has worked closely with many regional and global networks, including the Eurasian Harm Reduction Association (EHRA), the Sex Workers' Advocacy Network (SWAN), the Eurasian Coalition on Health, Rights, Gender and Sexual Diversity (ECOM), the European AIDS Treatment Group (EATG) and the Global Network of People Living with HIV (GNP+). Her expertise lies in helping affected communities articulate their priorities, advocate effectively, and strengthen sustainable responses.

The paper builds on key implementation findings presented at a VirusOFF-hosted session at the 25th International AIDS Conference (Munich, 2024) and is informed by site visits and interviews with KAP-led organizations and their partners in Ukraine and internationally.

This discussion paper – Lessons on Resilience: The Experience of Ukrainian Communities Affected by HIV During Full-Scale War - was prepared by Regional Online Platform and NGO VirusOFF (VirusOFF.Info) within the frames of the VirusOFF Emergency Response Project supported by ViiV Healthcare Positive Action.

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## 2. INTRODUCTION

People living with HIV or TB, sex workers, LGBTIQ+ communities, people who inject drugs, and people in prison are often viewed primarily as victims—stigmatized, discriminated against, and even criminalized. But this is a story about their strength and leadership. In the face of war, these communities were at the heart of resilience—demonstrating bravery, innovation, and perseverance as they supported one another and contributed to Ukraine’s national response to Russia’s 2022 invasion.

Armed conflict is known to exacerbate epidemics like HIV and TB. Yet, despite the immense challenges of war, Ukraine remained committed to its HIV response and continued to make progress in reducing both HIV incidence and AIDS-related mortality<sup>1</sup>. Speaking at the Hamburg Sustainability Conference in June 2025, Andriy Klepikov, Alliance for Public Health (Ukraine) stated, *“We passed the crash test successfully,”* in reference to Ukraine’s sustained HIV response amid the war. As the conflict intensified, a diverse coalition—including government institutions, UN agencies, international organizations, donors, and civil society groups (notably those led by key affected populations such as LGBTIQ+ people, people who inject drugs, sex workers, and people in prison)—worked together in innovative and courageous ways to protect health and uphold human rights.

Globally, responses to HIV and TB are increasingly threatened by rising authoritarianism, shrinking health budgets, the impacts of war, and a looming climate crisis. Ukraine’s unique experience offers important lessons in community resilience under crisis conditions.

The purpose of this discussion paper is twofold:

- To highlight the added value of mobilized, often stigmatized communities in emergency response; and
- To promote the sustainability of community-led responses in Ukraine and beyond.

This effort aligns with a key recommendation issued by regional and Ukrainian KAP-led and civil society organizations in their 2022 communiqué “Surviving war and growing authoritarianism: How to ensure sustainability of civil society and community-led responses by people affected by HIV and TB and key populations”<sup>2</sup>. That statement emphasized the importance of documentation, noting: “Community-led responses that play a central role in resilience must be documented in order to garner further support, to share new good practices, and to counter stigma and discrimination by showing the agency of groups of people who are usually stigmatized and marginalized.”

<sup>1</sup> Two years on: UNAIDS supports Ukraine’s commitment to the HIV response. 23 February 2024. ([https://www.unaids.org/en/resources/presscentre/featurestories/2024/february/20240223\\_hiv-response-ukraine](https://www.unaids.org/en/resources/presscentre/featurestories/2024/february/20240223_hiv-response-ukraine))

<sup>2</sup> Surviving war and growing authoritarianism: How to ensure sustainability of civil society and community-led responses by people affected by HIV and TB and key populations. Vilnius, June 29 – July 1, 2022

### 3. METHODOLOGY

During the 25th International AIDS Conference in Munich in the summer of 2024, VirusOFF hosted a session entitled *“Humanitarian Aid as a Catalyst for HIV Prevention and Treatment in War Zones”*, which highlighted KAP community-led actions in response to the war in Ukraine. The discussion emphasized the need to document these community experiences, as they offered valuable lessons for future crisis responses. This discussion paper was developed by VirusOFF as a follow-up to that session.

A series of site visits to KAP-led organizations, or those providing support to KAP-led initiatives, was conducted in Kyiv. Additionally, selected key reports on community responses in Ukraine were reviewed. In August 2024, visits were made to the following community-led organizations:

- **The Ukrainian Network of People Who Use Drugs (VOLNA)** (led by and serving people who use drugs)
- **FREE ZONE** (led by and serving people in prison)
- **Positive Women** (led by and serving women living with HIV – including national and Kyiv team representatives)
- **ALLIANCE.GLOBAL** (led by and serving the LGBTIQ+ population)
- **Legalife-Ukraine** (led by and serving sex workers)

In addition, a representative from the Ivano-Frankivsk branch of Positive Women was interviewed by phone. Interviews were also conducted with representatives from civil society NGOs that, while not KAP-led themselves, partner closely with community-led groups. These included Alliance for Public Health (Ukraine) and AIDS Foundation East-West - Ukraine (AFEW-Ukraine). Further phone interviews were held with representatives of international community-led organizations, including VirusOFF, the Global Network of People Living with HIV (GNP+), and the Eurasian Coalition on Health, Rights, Gender and Sexual Diversity (ECOM). While these organizations played significant roles in supporting both governmental and civil society efforts during the war, this paper focuses specifically on their contributions to KAP-led groups. This paper does not aim to provide a comprehensive overview of the impact of KAP-led mobilization on resilience during the war. Instead, it presents a selection of illustrative examples that highlight community innovation and leadership under crisis conditions.



## 4. KAP-LED GROUPS CONTRIBUTING TO RESILIENCE

Community-led work has proven essential to ensuring access to HIV prevention, treatment, and care—particularly for vulnerable, stigmatized, and/or criminalized populations, including people living with HIV (PLHIV), men who have sex with men, people who use drugs, trans\* people, sex workers, people in prison, and others. The Political Declaration on Ending AIDS calls for 30% of HIV service delivery to be community-led by 2030<sup>3</sup>. Community-led organizations also play a critical role in emergency response and in building resilience. Globally, they were key actors during the COVID-19 pandemic<sup>4</sup>—bridging gaps, reaching marginalized populations, and delivering life-saving services when formal systems were overwhelmed or inaccessible. By February 2022, when Russia launched its full-scale invasion of Ukraine, the country already had a well-established network of KAP-led organizations engaged in HIV, TB, and human rights work at both local and national levels. These groups mobilized quickly in response to the war, adapting their missions and methods to address emerging needs under extreme conditions.

Community-led organizations responded in ways that were flexible, rapid, and grounded in trust with their constituencies. They provided support to people often excluded from mainstream humanitarian responses—ensuring continuity of HIV and TB services, securing access to shelter, food, and other essentials, addressing mental health challenges, and advocating for evidence-based and human rights-based approaches to health and crisis response.

### 4.1. Meeting Basic Humanitarian Needs: Shelter, Food, Fuel, Communications

According to UNHCR, as of November 2024, there were approximately 4 million internally displaced people in Ukraine and 6.8 million refugees<sup>5</sup>. In total, around 14.6 million Ukrainians required humanitarian assistance in 2024<sup>6</sup>. Before the war, KAP-led groups in cities throughout Ukraine primarily focused on providing services and advocacy related to HIV, TB, and human rights. However, when the war began, people throughout the country, including those served by KAP-led groups, suddenly faced new urgent and fundamental needs. These included the fundamental physiological requirements at the base of Maslow's hierarchy: food, shelter, and safety. KAP-led groups, leveraging their close connections with communities, established communication and decision-making structures, partnerships with government and non-governmental organizations, as well as their financial and material resources and strong community spirit, mobilized rapidly to secure access to food, shelter, and safety for the people they serve.

#### 4.1.1 Evacuation and Shelter

As people fled war zones, humanitarian responders established temporary shelters for internally displaced persons in safer parts of Ukraine. However, people living with HIV, sex workers, people who use drugs, and members of LGBTIQ+ communities often faced stigma that limited their access to these shelters. KAP-led groups, who regularly monitor the well-being of the communities they serve, began to hear story after story of their clients encountering difficulties.

3 Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030 (<https://www.unaids.org/en/resources/documents/2016/2016-political-declaration-HIV-AIDS>)

4 Community-led responses in the time of COVID, UNAIDS 2020 ([https://www.unaids.org/en/20200624\\_global\\_survey\\_communities](https://www.unaids.org/en/20200624_global_survey_communities))

5 UNHCR. (<https://www.unrefugees.org/emergencies/ukraine/>, Accessed 11.02.2025)

6 UNHCR. (<https://www.unrefugees.org/emergencies/ukraine/>, Accessed 11.02.2025)



They acted quickly by either setting up their own shelters or collaborating with existing shelters to provide services that met the unique needs of key affected populations.

Positive Women, a network led by women living with HIV has 12 years of experience in implementing community-led projects aimed at improving quality of life, potential, and opportunities for women living with and affected by HIV and protecting their rights. Their network of regional coordinators covers 23 regions in Ukraine. When the war started and millions fled their homes to seek shelter in safer cities such as Lviv, Positive Women helped WLHIV access shelters. However, when other shelter residents learned about their HIV status, unfounded fears fed stigma with some shelter residents complaining about the presence of women living with HIV in the shelters. In response, Positive Women began opening their own shelters and safe spaces specifically for women living with HIV in shelters in

Ivano-Frankivsk, Khmelnytskyi, Cherkasy and Chernivtsi regions and safe spaces in Dnipro, Odesa, Poltava, Zaporizhzhia and Kyiv, they converted community centers into shelters. In other cities, they rented new properties. These shelters provide a safe environment where women can openly discuss their HIV status and support each other without fear of stigma or discrimination from other residents or shelter staff.

Similarly, the organizations VOLNA, FREE ZONE, and ALLIANCE.GLOBAL (led by and serving people who use drugs, people in prison, and LGBTIQ+ communities respectively) noted that their clients often faced stigma and were frequently denied access to general population shelters. People who use drugs were often turned away from shelters and transportation services intended for the general population. In response, VOLNA transported over 7,000 people who use drugs from combat zones to safer areas of the country and helped them find

shelter using vehicles, the purchase and maintenance of which were supported by INPUD and by ViiV Healthcare.

Shelters were also very reluctant to accommodate recently released and former prisoners. FREE ZONE began establishing relationships with these shelters. FREE ZONE worked with them to better accommodate both their general population residents as well as recently released prisoners. FREE ZONE trained shelter social workers to better understand the needs of their clients and to facilitate

referrals to medical and social services and also provided the shelters with food, mattresses, and power banks. As a result, FREE ZONE established memoranda of understanding with 12 shelters that began accepting prisoners. FREE ZONE also transported released prisoners to their homes and/or shelters, as it was particularly challenging for them to travel in the early days of the war. Traveling without identification documents (which many prisoners lack) posed serious risks. See Textbox 1 for a closer look at how FREE ZONE helped people find shelter.



#### Textbox 1. **FREE ZONE: Getting People Home Safe**

Every day, people are released from prison. Even in the best of times, they face a new set of challenges, especially if they have HIV or TB. Many lack essential official documents—about 1 in 8 people in Ukraine do not have internal passports. They need to find shelter, get home, find work, and access medical care. During wartime, these problems become even more difficult.

Prisoners had limited knowledge about the war, so upon release, they were often shocked and faced unexpected difficulties. Buses and trains were not running in many areas, and roadblocks were set up between provinces. “Imagine showing up at a roadblock without a passport, looking suspicious, and having to explain to security officials that you just got out of prison and need to travel across the country,” said Oleksii Zahrebelnyi of FREE ZONE.

FREE ZONE leveraged its good relationships with prison directors and worked closely with them to coordinate logistics for getting people to their homes or shelters. FREE ZONE staff volunteered as drivers, using their own cars or vehicles borrowed from family and friends. Since cars were often not permitted to travel between oblasts, they set up a relay system—cars in each province would meet the person and transport them to the next leg of their journey. FREE ZONE also cooperated with the Ministry of Justice to secure special documents that their staff could present at roadblocks, allowing them to move people safely between oblasts.



People from the LGBTIQ+ community continue to face significant stigma from the general population. When Russia invaded the eastern part of Ukraine, people fled to Western Ukraine, a region known for its relatively conservative values, for safety. LGBTIQ+ people were often mistreated or felt uncomfortable in shelters for the general population. ALLIANCE.GLOBAL, prior to the war, operated a shelter for LGBTIQ+ people who had been abandoned by their families. When the war began, they quickly realized that they needed to open more shelters and did so in five cities where they had representatives. Residents could stay for up to three months and have access to food, medical care, financial assistance, and mental health support. Peer counsellors working with VirusOFF assisted with transportation and referrals to these shelters. When ALLIANCE.GLOBAL learned that a mobilized group of trans\* people in Odesa needed shelter, it used funds from its reserve to support the establishment of a new shelter.

The regional community-led network, Eurasian Coalition on Health, Rights, Gender and Sexual Diversity (ECOM), leveraging the knowledge of its members and partners in Ukraine and across

the EECA region, developed a chatbot providing LGBTIQ+ communities with information on how and where to access food, shelter, medical, and mental health care in LGBTIQ+-friendly facilities. ECOM also partnered with trans\* people-led organizations in Ukraine, such as Gender Z and Gender Stream, to assist trans\* people in crossing borders and finding shelters and services in neighboring countries. Additionally, ECOM supported LGBTIQ+-led organizations in refugee-receiving countries to help them provide services. Other regional networks in the EECA region undertook similar initiatives.

Alliance for Public Health carried out audits of shelters offering housing to KAP and supported renovations in these shelters ensuring warmer, safer and more energy-efficient spaces for residents. For example, for a shelter in Ivano-Frankivsk housing IDPs who inject drugs and their families, an energy audit recommended that the premises be relocated because renovation was not cost-effective. The Alliance provided funding to rent and equip the new premises for the shelter. The premises were fully equipped and furnished to create a safe and comfortable living environment, fostering dignity, stability, and access to essential services.

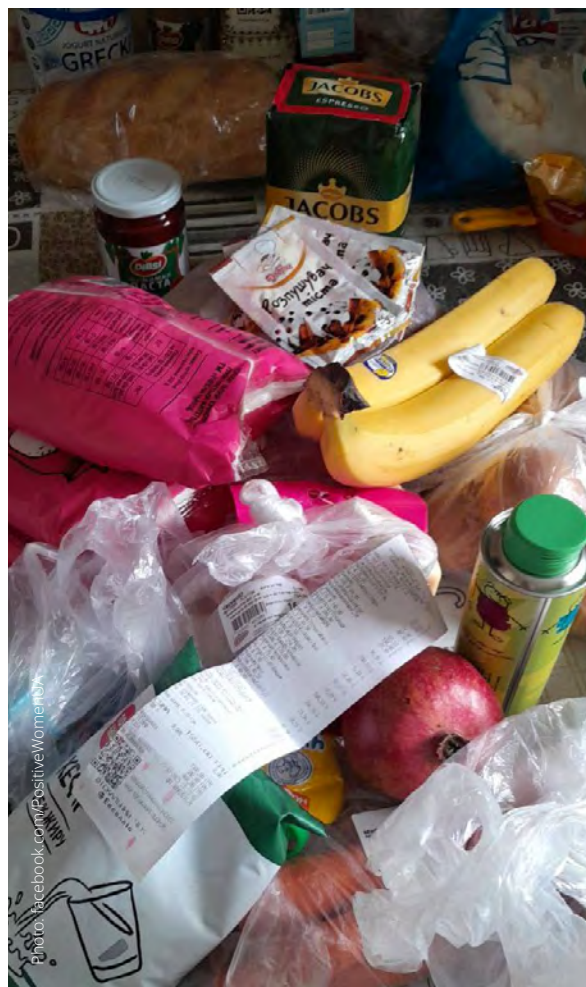


### 4.1.2. Food and Supplies

Access to food, fuel, communication means, and other essential commodities was disrupted by the war. Civil society organizations on the ground, as well as the global humanitarian sector, responded by working to deliver food where it was needed. 100% Life, Ukraine's largest patient organization, for example, collaborated with the World Food Programme (WFP) to provide food to 900,000 people, of whom 300,000 were people living with HIV<sup>7</sup>.

All the groups interviewed for this paper took action to provide resources to the people they serve. The offices and homes of organization staff often became makeshift warehouses for storing supplies. Their unique contacts with clients and volunteers were leveraged to get supplies where they were most needed.

VirusOFF, an information platform serving key affected populations (KAP) communities in the EECA region, quickly mobilized its network of peer educators in Ukraine to learn about their needs and support their engagement in the humanitarian aid response. "As peer counsellors, they were used to dealing with people in crisis and trying to figure out how to survive, so it was natural that they got involved in humanitarian aid," said Oksana Dobroskok from VirusOFF. VirusOFF negotiated with one of its donors, ViiV Healthcare Positive Action, to allocate funds for these humanitarian efforts. Peer counsellors received funds to cover food, medicines, transportation, and other urgent needs. For internally displaced people (IDPs), they took on roles similar to "case managers" or "social navigators," helping refer people to various services. This was a familiar role, as peer counsellors play vital parts in assisting KAPs to access social, medical, and legal support in the field of HIV. Their services extended beyond their local communities—they provided counselling online and sent humanitarian aid packages to people by mail.



Positive Women mobilized an extensive network of volunteers from among their current and former clients, who helped collect and deliver food and essential supplies.

Before the war, Positive Women operated a closed Facebook group for staff, volunteers, and clients in Kyiv to coordinate activities. When the war began, this platform became a vital tool for matching people who could donate supplies with those in urgent need. Together, staff, volunteers, and clients organized mutual support efforts, including for people newly displaced from occupied territories. In Kyiv, where other forms of transportation were often unavailable, volunteers even used bicycles to transport goods. See Textbox 2, "On Community Service and Bravery – Lena's Story," for an account above.

<sup>7</sup> NGO Report/UNAIDS/PCB: People living with HIV during humanitarian emergencies. 14 November 2023



## Textbox 2: **On Community Service and Bravery – Lena’s Story**

Lena fled from Luhansk in 2014 when violence and the Russian takeover made it unsafe for her to stay. She arrived in Kyiv and lived in camps for internally displaced persons (IDPs). At the time, she didn’t know she was living with HIV. When symptoms worsened, she sought medical care and tested positive. Her CD4 count was just 15—showing that the virus had already severely damaged her immune system.

Lena became a client of Positive Women, and it wasn’t long before she realized she wanted to help others. With her education and past work experience, she began working in social services, focusing on reducing stigma and supporting teenagers. She eventually became the coordinator of Positive Women’s Kyiv initiative group.

When war came to Kyiv in 2022, a flurry of messages filled the local closed Facebook group for women living with HIV: some were asking for help finding food and medicines, including antiretroviral therapy (ART); others were offering to donate what they could.

With public transportation suspended and roadblocks preventing car travel, Lena stepped up. She took on the critical task of collecting and hand-delivering life-saving food and medications by bicycle.

ALLIANCE.GLOBAL and several other groups developed systems for providing clients from the LGBTIQ+ community with coupons that could be redeemed in local shops, allowing people to choose items they needed most. Over 1,000 people, including many in temporarily occupied territories, received such support. In 13 cities, ALLIANCE.GLOBAL had previously supported LGBTIQ+ representatives to participate in municipal Coordination Committees on HIV. These local leaders began to work in new ways to help community members access food, stipends, and shelter.

The situation in prisons in the active war zones was especially dire. In the territories that had been invaded, sometimes prison staff couldn’t safely get to work and supplies (including food, medicines and water) could not be delivered. FREE ZONE representatives (who had been providing social support to prisoners with

HIV including counselling, prevention initiatives and pre-release planning) were in touch with prison officials and prisoners who helped provide information about the situation in specific prisons. They received alarming reports from some facilities about lack of essential supplies. In response, FREE ZONE redirected funds, including from their Global Fund grant, to purchase food and fuel. Procuring these supplies was not easy—some sellers refused to sell when they learned the aid was for prisons. However, FREE ZONE’s strong relationships with the Department of Justice and individual prison administrators enabled them to procure supplies and secure permission to transport and deliver supplies directly to the facilities. Their intervention helped prevent a potentially catastrophic humanitarian disaster.

Regional community-led networks such as the Eurasian Coalition on Health, Rights,



Gender and Sexual Diversity (ECOM) and civil society organizations like Alliance for Public Health (Ukraine) and AIDS Foundation East-West-Ukraine (AFEW-Ukraine) leveraged their longstanding connections with Ukrainian communities to assess needs, direct resources, and secure support from international partners. As humanitarian aid began flowing into Ukraine, the initial distribution was uneven—some areas received surpluses of certain commodities while others faced shortages. Recognizing that organizations in the HIV sector, including KAP-led groups, were struggling to access humanitarian assistance, Alliance for Public Health (Ukraine) created a new support system. They appointed regional coordinators to help HIV-focused NGOs navigate various aid mechanisms and created a knowledge-sharing platform to promote coordination and peer support.

With backing from Christian Aid, Alliance for Public Health (Ukraine) launched a new humanitarian aid program offering mini-grants of up to USD 5000 for organizations to meet urgent needs such as food, medicine, and evacuations. People from affected communities helped select the mini-grant recipients. In total, 600 grants were issued, reaching approximately 500,000 people. While not all of these grants went to KAP-led organizations, many did. Alliance for Public Health (Ukraine) is now preparing research to evaluate the program's impact on KAP communities. In addition to mini-grants,

Alliance for Public Health (Ukraine) offered mid-sized grants of up to USD 20,000 for periods of up to eight months to help organizations address essential humanitarian needs. They provided technical assistance with planning, grant writing, fundraising, and developing social enterprises. Importantly, they also helped civil society and KAP-led organizations apply for funding from humanitarian donors, whose expectations and reporting standards often differ significantly from those of HIV-specific donors. Funding was also allocated for the arrangement of shelters and health service rooms, delivery of professional skills development trainings, and the organization of self-help groups to strengthen peer support networks. In parallel, technical assistance was provided to strengthen the institutional capacity of grantee organizations. This included training on project design and management, procurement processes, and compliance with donor requirements for financial and narrative reporting, ensuring effective and transparent implementation of activities.

AFEW-Ukraine similarly leveraged international partnerships to secure in-kind donations and provided flexible grants of USD 5,000–7,000 to partner organizations. These funds were used for fuel, evacuation, food, and clothing. ECOM also secured donor support and provided direct financial assistance to 800 individuals from the LGBTIQ+ community.

## **4.2. Ensuring Continuity of HIV and TB Services**

The war disrupted HIV, TB, and human rights services in numerous ways including: destruction of physical infrastructure; displacement of staff and/or clients who became internally displaced people (IDPs) or refugees; curfews; unsafe or unavailable transportation; and new physical and mental health challenges. Both the humanitarian aid and HIV sectors mobilized in response by:

securing and distributing medications; supporting existing governmental and non-governmental organizations, including KAP-led groups; and expanding mobile and online services to meet urgent needs. KAP-led organizations were especially critical in bridging service gaps, particularly when local services were interrupted or displaced people had to access care in new locations.



Peer educators supported by VirusOFF, through their work in connecting communities with humanitarian aid, also referred people to a wide range of medical and social services, including those related to HIV and TB. These were often services that individuals had never accessed before. “We started to see that humanitarian aid is not just about giving out food—it’s an entry point. It’s a way to help people return to life, to give them access to new information and support, including reconnecting them with the medical system <sup>8</sup>,” said Oksana Dobroskok from VirusOFF.

In addition to counselling and referrals, VirusOFF-supported peer educators assisted people in restoring identification documents which were required for accessing HIV and TB services. VirusOFF also provided targeted assistance to people living with HIV who were pregnant or had recently given birth, helping them access food, medicine, formula, and social support.



Photo: virusoff.info

<sup>8</sup> “If a person is hungry, they won’t seek treatment”: An interview with Oksana Dobroskok on how humanitarian aid becomes a gateway into the system

In territories under occupation, where AIDS Centers closed due to safety concerns, Positive Women regional coordinators and volunteers used their direct personal relationships with AIDS Center staff to coordinate delivery of medications to women in need, including those in hiding. Staff and volunteers would pick up medicines from AIDS Center staff and deliver them to patients. AIDS Center staff were notably flexible, providing multi-month supplies to minimize risky travel within dangerous cities.

Throughout Ukraine, the Ukrainian Network of People Who Use Drugs (VOLNA) played a key role in supporting people who use drugs by facilitating access to harm reduction services, HIV care, and opioid substitution therapy (OST). They provided referrals and worked closely with AIDS Centers and OST clinics to support and counsel new patients. When the war began, VOLNA, as well as other KAP-led organizations, became instrumental in ensuring continuity of HIV, harm reduction, and human rights services

within cities affected by hostilities and for internally displaced people (IDPs). In Kyiv, many clinics providing OST were forced to close, leaving thousands without access to life-saving treatment. Sociotherapy, a government-run clinic, recognized as a best practice site for OST in Ukraine, began to enroll patients from other Kyiv clinics that had shut down, as well as to people who had recently been displaced. VOLNA activated its network of members across the city to spread the word about the availability of services and support Sociotherapy in accommodating the new clients.

During the first days of the war, when medical staff couldn't safely reach the clinic, VOLNA volunteers helped to staff the OST site to ensure that patients received their medication. See the full story in Textbox 3.

### **Textbox 3. Patients ran the service when the staff couldn't get to work**

The Ukrainian Network of People Who Use Drugs (VOLNA) has long been a trusted partner of Sotsioterapija, one of Ukraine's leading government-run sites providing Opioid Substitution Therapy (OST) for people with opioid dependence. VOLNA supports the clinic by helping recruit new patients, offering peer counselling, and sharing insights from the patient community to improve service delivery.

When Kyiv came under attack, the city was placed under a strict curfew, and movement across different districts became impossible. The clinic's doctors and all but one nurse were unable to reach the facility. Patients, most of whom lived nearby, continued arriving for their daily dose of medication — without which they risked going into withdrawal or facing the danger of overdose from street opioids.

Recognizing the urgency, the doctor in charge of the program asked VOLNA members — patients familiar with the clinic's protocols — to temporarily take over operations. Serhii Tkachuk, one of the patients, described feeling overwhelmed when the nurse handed him the key to the medication safe. After exchanging a moment of silent trust, he opened the safe and brought the medication to the nursing station. Together with other VOLNA volunteers, they assumed roles normally performed by medical staff.

That day, every patient who came for treatment received their medication, with only minimal delays. "Some of our colleagues criticized us for violating protocols — but I would do it again. We served everyone who needed help," said Director of the Clinic «Sociotherapy» Volodymyr Volodymyrovych Yariy.

VOLNA began to work in new ways during the war, for example by increasing its operational efficiency by strengthening partnerships with other organizations serving people who use drugs. It began to share office space with Club Eney, an NGO previously considered a “rival.” This collaboration reduced rental costs and made referrals and joint efforts more streamlined and effective. This heightened level of cooperation between organizations that had been competitive prior to the war was mentioned often in the interviews conducted for this report.

All of the KAP-led organizations interviewed for this report played critical roles in helping IDPs access medical care and essential services in the cities where they sought refuge. These organizations activated their networks of representatives, volunteers, and clients in cities across the country to provide coordinated support. Their national communication platforms became vital tools for locating and redistributing urgently needed medications such as antiretroviral therapy (ART). In many cases, clients in safer areas donated surplus ART to help displaced people arriving in need.

“We were lucky to have a national network that connected services across cities. We met women right as they got off the train. Without that connection, many would have felt lost and wouldn’t have accessed the services they needed,” said Yulia Knyaziuk from Positive Women in Ivano-Frankivsk. Positive Women also helped women who fled to other countries. “We had a file with contacts of positive women’s groups and our members abroad. There was a chat group we hadn’t really used before the war, but once the war started, we used it constantly,” Yulia Knyaziuk explained.

The regional community-led network Eurasian Coalition on Health, Rights, Gender and Sexual Diversity (ECOM) also played a critical role. In addition to developing a chatbot that helped LGBTIQ+ people access friendly food, shelter, and health services, ECOM worked to ensure continuity of care for trans\* people in need of hormone therapy. They secured donations and coordinated with organizations led by trans\* people both in Ukraine and in neighboring countries to where refugees had fled.



Photo: facebook.com/EneyClub



### 4.3. Addressing Mental Health

Organizations led by and serving people living with HIV (PLHIV) and stigmatized and criminalized populations have long understood and addressed mental health needs in their work. The war, of course, greatly increased mental health needs, and the organizations responded swiftly. In many cities, Positive Women held group sessions with psychologists or offered online counselling. Their experience of moving support groups online during the COVID-19 pandemic was leveraged during the war. In Kyiv, during the early days of the conflict, when Bucha and Irpin were under brutal siege, some women participated in calls from basements where they were hiding. ALLIANCE.GLOBAL provides clients with up to four sessions with LGBTIQ+-friendly psychologists. FREE ZONE is preparing to work with PTSD among veterans who end up in prison. Though acknowledged as important by all organizations interviewed, they all reported that securing funding for mental health services was challenging.

The organizations were also sensitive to the mental health needs of their own staff and volunteers, offering opportunities to speak with psychiatrists or join support groups. A common sentiment among all organizations was that the work itself provided psychological relief. Representatives from VOLNA, FREE ZONE, and Positive Women mentioned that,

during work-related calls with colleagues across the country, they found comfort in knowing they were not alone. They also echoed the view that their work gave them a sense of purpose and meaning.

“Work helped me survive the first couple of months. It was really difficult to accept what was happening — you could go crazy from all the information. It was painful, but the work gave me something to focus on. You understood there were people worse off than you, and, if you didn’t help them, no one else would. During calls with coordinators from different oblasts, when they told me about helping newly released prisoners get home, I even cried because I realized — wow, we are really doing something important,” said Oleksii Zahrebelnyi, Chair of the Board, FREE ZONE. “For me, my work was psychological support,” said Olena Stryzhak, Chair of the Board of Positive Women.

The Alliance for Public Health (Ukraine) took an integrated approach to ensure that mental health support was available as an essential component of broader humanitarian response efforts, addressing beneficiaries’ emotional well-being alongside other urgent needs. The Alliance for Public Health, also funded 21 mini-projects aimed at supporting the mental health of representatives of key groups and their families.





#### 4.4. Fundraising and Advocacy for KAP-led Work

In the first three months after the war began, many KAP-led groups funded their activities through volunteer efforts, private donations, and by reallocating funds from existing grants originally intended for HIV or TB work. Major donors such as the Global Fund and PEPFAR showed great flexibility, allowing organizations to use funds for categories like fuel and food that were not part of the original budgets.

Humanitarian aid programming that reached Ukraine at that time did not initially engage with KAP-led groups. One study found that humanitarian aid in Ukraine in the first 3 months of the war fell far short of Grand Bargain Target of at least 25% of funding going to local and national responders. Within the first 3 months, only 0.50% of humanitarian funding went to local actors, and only 0.0003% got to national NGOs.<sup>9</sup> The aid provided by these new donors often failed to address the unique needs of key populations and did not fully leverage the potential of KAP-led groups to meet those needs<sup>10</sup>. KAP-led groups and the broader HIV sector lacked experience with the mechanisms for engaging in the humanitarian aid response and with the specific requirements of humanitarian aid donors, which frequently differed from those of traditional HIV-sector donors. In many cases, organizational charters and due diligence protocols had to be updated to comply with new requirements.

At the national level, FREE ZONE offers a strong example of effective advocacy and fundraising. During the war, they achieved unprecedented cooperation with donors and partners. Early on, during cluster meetings, it became clear that donors were willing to fund many groups in need but not prisoners. Through persistent advocacy, FREE ZONE was able to influence donor agendas.

“We influenced the agenda of donors,” said Oleksii Zahrebelnyi. They secured support from the Global Fund, UNODC, the European Union, and EJAF. “We even gained support from donors who had never worked with prisoners before. It was difficult, but we did it,” Oleksii added.

Other national-level organizations, including Alliance for Public Health, AFEW-Ukraine, and 100% Life, also influenced donor priorities by bringing the unique knowledge of KAP working in the field directly to decision-makers, securing funding in the process. AFEW-Ukraine collaborated with community monitors to collect data on needs and communicate this to donors, helping secure funding to support prisoners and trans\* people. The information provided by AFEW-Ukraine on the specific vulnerabilities and strengths of KAP inspired Médecins du Monde to integrate new measures into its humanitarian aid approach to better address KAP community needs.

There is a strong interest among humanitarian aid groups to learn more about meeting the needs of KAP. All organizations interviewed gathered knowledge from communities in the field and communicated it to local, national, and sometimes international decision-makers. ECOM conducted a needs assessment and promoted its findings both within Ukraine and internationally to help donors better understand how to support LGBTIQ+ communities. Alliance for Public Health (Ukraine) collected information on available humanitarian aid and assisted KAP groups in accessing these resources. Their regional coordinators supported smaller local groups by helping them navigate resource access and provided technical assistance for planning and grant writing.

<sup>9</sup> United Kingdom Humanitarian Innovation Hub. Enabling the local response: Emerging humanitarian priorities in Ukraine March – May 2022. June 2022

<sup>10</sup> United Kingdom Humanitarian Innovation Hub. Enabling the local response: Emerging humanitarian priorities in Ukraine March – May 2022. June 2022

#### 4.4.1 The Role of Global and Regional KAP-led Organizations and Networks

International KAP-led networks, including regional networks from Europe, Eastern Europe, and Central Asia (EECA) as well as global networks, played important roles in supporting groups on the ground in Ukraine and amplifying the voices of activists regionally and globally.

The EECA region hosts a well-developed set of regional networks and KAP-led or KAP-serving groups, such as the Eurasian Harm Reduction Association (EHRA), Eurasian Women's Network on AIDS (EWNA), Eurasian Coalition on Health, Rights, Gender and Sexual Diversity (ECOM), Sex Workers' Rights Advocacy Network (SWAN), and Eurasian Network of People Who Use Drugs (ENPUD). All of these contributed significantly to supporting KAP community responses in Ukraine during the war. A good example of their work is provided by ECOM.

One of the first things ECOM did was reach out to its members and partners in Ukraine to conduct a needs assessment. Organizations on the ground were focused on immediate survival, so ECOM took on the task. The results were presented to donors and partners in Ukraine and internationally. ECOM helped bring the unique knowledge and needs of LGBTIQ+ communities to decision-makers, enabling more relevant and responsive planning. As a regional network, ECOM participates regularly in international forums where strategic decisions are made, and since the start of the war, it has worked to ensure Ukrainian voices are heard in those spaces. Like many international networks and larger NGOs, ECOM also helped Ukrainian organizations find donors and apply for funding. With members and partners across the EECA region, ECOM used these connections to help LGBTIQ+ refugees access inclusive and affirming services in countries where they had sought refuge.

ECOM also coordinated the support for refugees in countries outside of Ukraine for the EECA Emergency Support Fund (ESF) in partnership with Aidsfonds, the administrative lead and Alliance for Public Health which coordinated the response within Ukraine.

Global KAP-led networks played a similar role. The Global Network of People Living with HIV (GNP+) is a strong example of how a global KAP-led network can support national-level responses. GNP+ advocated for and secured emergency funding. In June 2022, it organized a regional consultation with KAP and civil society organizations working in Ukraine, alongside regional networks, to share information and develop strategies. Together, they produced the communiqué "Surviving war and growing authoritarianism: How to ensure sustainability of civil society and community-led responses by people affected by HIV and TB and key populations"<sup>11</sup> as a tool for advocacy. As a global network, GNP+ collaborated with regional partners to ensure the lived experiences and knowledge of KAP communities in Ukraine were heard by key decision makers, including UNAIDS and its co-sponsors, as well as donors such as the Global Fund and PEPFAR. GNP+ also worked to ensure the inclusion of Ukrainian community voices in the ongoing development by UNAIDS of new guidance on HIV in emergencies. Additionally, GNP+ secured funding to support mentoring and training for NGOs on how to meet humanitarian donor requirements and engage with national and regional coordination structures. They supported local organizations, including Positive Women, Light of Hope, and TB People Ukraine, to plan and write successful funding proposals, including those funded by ViiV Healthcare.

11 Surviving war and growing authoritarianism: How to ensure sustainability of civil society and community-led responses by people affected by HIV and TB and key populations. Vilnius, June 29 – July 1, 2022

## 5. LESSONS LEARNED AND RECOMMENDATIONS

As Ukraine responded to the humanitarian crisis caused by the Russian invasion, it continued to provide support to the most vulnerable people while also leveraging their capacities to build resilience. This approach helped the country avoid spikes in infectious diseases such as HIV and TB, which so often accompany war.

### Lessons learned

Communities in the EECA region and around the world are increasingly facing multiple, intersecting crises, including:

- the looming threat of war;
- declining global health funding due to the USA's withdrawal of support from programs like USAID, PEPFAR, and WHO;
- rising defense expenditures by other governments at the expense of health and social sectors;
- growing authoritarianism; and
- the escalating impacts of climate change.

From Ukraine's experience, there are key lessons that donors, governments, civil society, and key population (KAP) communities can learn to strengthen resilience in the face of these challenges.

### LESSON 1. KAP-led groups have unique qualities that support resilience

**"Nothing about us without us"** has long been a guiding principle in the HIV movement, reflecting the vital role of people living with HIV (PLHIV) in planning, implementing, and evaluating responses. In times of crisis, this added value becomes even more pronounced. Key characteristics of KAP-led groups include:

- **Volunteerism, commitment, and courage**  
Organizations founded to support society's most marginalized often foster strong volunteer cultures. Every KAP-led group interviewed mentioned the incredible commitment of staff, clients, and partners stepping up in crisis.
- **Deep access to communities and trust**  
KAP-led organizations are trusted by their communities and also by governmental and non-governmental partners. When the war broke out, people knew exactly where to turn for help.
- **Agility and adaptability**  
Many KAP-led organizations are smaller and more flexible than larger CSOs or government agencies. This allowed them to pivot quickly—adopting new approaches, partners, and areas of work without being hindered by bureaucracy.

- **Bottom-up learning and governance**  
Community-led organizations often have participatory governance models, enabling them to quickly understand and respond to the evolving needs of the most vulnerable.
- **Experience in advocacy**  
Years of work advocating for effective and humane policies gave KAP-led groups the skills to ensure their communities' voices were heard by donors and decision-makers at every level.
- **Strong formal and informal networks**  
The HIV response led to the formation of national, regional, and global networks that KAP groups leveraged during the war for coordination, mutual support, and shared learning.

## LESSON 2. **Emergency preparedness is essential**

Despite prior warnings, few truly expected a full-scale invasion. Many organizations were caught off guard. Emergencies often strike unexpectedly, making contingency planning crucial—for governments, donors, CSOs, and KAP-led organizations alike.

## LESSON 3. **Donor and partner flexibility enabled rapid response**

Donors responded with a high degree of flexibility, allowing funds to be repurposed for urgent, life-saving activities that could not have been anticipated. Small-scale, low-threshold mini- and microgrant programs were especially effective in empowering communities to meet needs quickly and directly.

## LESSON 4. **Basic survival needs must be addressed — for both clients and staff**

KAP-led organizations, along with their donor and civil society partners, rapidly shifted to cover basic needs like evacuation, shelter, and food security. Many had no previous experience in these areas, but they acted quickly to protect both their staff and communities.

## LESSON 5. **Mental health must not be overlooked**

Mental health needs were addressed creatively through professional counseling, virtual group sessions, and leveraging familiar communication tools like WhatsApp and Facebook groups for peer support and mutual aid.



#### **LESSON 6. Networks are vital during crises**

Long-standing local, national, regional, and global networks, built through years of collaboration in the HIV response, proved essential for maintaining communication, facilitating learning, and providing mutual support throughout the crisis.

#### **LESSON 7. KAP representation in decision-making is critical**

Where KAP communities had a voice in decision-making structures (including municipal, national, or international levels) their insights helped shape responses that more effectively addressed the realities on the ground.

#### **LESSON 8. Crises can also create opportunities**

Nearly every organization interviewed reported emerging stronger from the crisis. They expanded their areas of work, formed new partnerships (with both NGOs and government actors), gained new levels of trust within their communities, and broadened access to HIV and TB services. Many took their advocacy to new levels, recruited new volunteers, and secured support from new donors. Even groups that had previously seen each other as competitors began to collaborate. They discovered more efficient ways of working like sharing office space or jointly planning how to divide responsibilities. Above all, the people involved expressed deep pride in their work and a renewed sense of connection to the communities they serve.

## RECOMMENDATIONS

Key affected populations (KAP), including people living with HIV or TB, sex workers, LGBTIQ+ communities, people who use drugs, and people in prison, who are among the most vulnerable to epidemics like HIV and TB, face compounded risks during emergencies. At the same time, they have significant capacities to contribute to community resilience. This discussion paper offers the following recommendations for KAP communities, civil society, donors, governments, and the humanitarian aid sector.

### ***On reaching the most vulnerable in emergencies***

- Humanitarian organizations, donors, and governments must recognize the compounded vulnerabilities of stigmatized and criminalized populations and plan to leverage HIV-sector networks, organizations, and initiative groups to address their specific needs in emergencies.
- These actors must also engage the capacities of the HIV and TB sectors, including KAP-led groups, to rapidly assess and respond to the needs of the most vulnerable populations.

### ***On emergency preparedness***

- Organizations and donors should invest in emergency preparedness, including communication plans, contingency funding, security and information protection protocols.
- Governments and donors must ensure continued funding for KAP-led services, monitoring, and advocacy.
- Sustained support for national, regional, and global networks is essential for KAP-led organizations, civil society, and governments.

### ***On finding opportunity in crisis***

- KAP-led groups, civil society, governments, and donors should use the current global health funding crisis as an opportunity to build new partnerships, foster greater solidarity, and explore innovative solutions.
- When new funding opportunities arise, KAP groups should prioritize collaboration and coordination over competition, learning from past experience.

### ***On continued learning from the Ukrainian experience***

- The humanitarian aid sector should study the Ukrainian experience to better understand how to address the needs of stigmatized and criminalized populations in crisis situations.
- The HIV and TB sectors should also reflect on the innovations developed during the emergency that could improve service delivery in peacetime.

## ANNEX 1. ORGANIZATIONS INTERVIEWED (ALPHABETICAL ORDER)



**AFEW-Ukraine (AIDS Foundation East-West)** – A regional foundation supporting KAP-led responses in the EECA region.



**Alliance for Public Health (Ukraine)** – An international charitable foundation working on HIV, TB, and public health issues.



**ALLIANCE.GLOBAL** – A national organization serving LGBTIQ+ communities.



**ECOM (Eurasian Coalition on Health, Rights, Gender and Sexual Diversity)** – A regional network working to improve health and rights of men who have sex with men and trans\* people across EECA.



**FREE ZONE** – Established in 2018 to address the vulnerabilities of KAP in prison. Focuses on harm reduction, advocacy, community-led monitoring, and support during and after release.



**GNP+ (Global Network of People Living with HIV)** – A global network advocating for the rights of PLHIV.



**Legalife-Ukraine** – An organisation led by sex workers with goal is to achieve the decriminalization of sex work in Ukraine.



**Positive Women** – National network of women living with HIV, founded in 2011. Initially focused on gender-based violence, sexual and reproductive health and rights, and gender equity. Now has 23 regional teams.

**Positive Women in Ivano-Frankivsk** – A regional branch of Positive Women.



**VOLNA (Ukrainian Network of People Who Use Drugs)** - A national network of people who use drugs.



**VirusOFF** – A regional media platform and resource center founded in Ukraine in 2020. It focuses on HIV advocacy, human rights, and digital engagement with key populations in Ukraine and across EECA.



Publication year: 2025

VirusOFF is a regional media platform, aimed at raising awareness and supporting key groups across Eastern Europe and Central Asia (EECA). We bring together experts, communities, and organizations to promote human rights, knowledge, prevention practices, and fight stigma.

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